

ID NO:		
G	A	R

CONSENT: Please note that consent shall be **required to process** the referral request. If a referral is sent via email or telephone an electronic signature shall have to be sent for the supporting consent. Alternately a paper copy can be sent to the MHCT office.

Please note that without GDPR consent MHCT shall not be able to accept a referral.

Young Persons Consent for Counselling / Therapy

You have the right to withdraw/change your mind at any time, including after you have signed this form.

I agree to Breaking Silence supporting me and I **confirm** that I fully **understand** the nature of support I will be receiving.

I understand that I will have the opportunity to discuss the details of the support with the Counsellor or Therapist before the sessions begins.

Data Protection 2018 & GDPR Statement

The information that you provide will be stored securely on the Murray Hall Community Trust/CTS database and the information will only be shared with appropriate organisations/agencies for the purpose of providing you with support or offering services to you.

We will process your data fairly, lawfully and transparently for the purposes of providing you support services. We will store your data for as long as you remain a service user, thereafter it will be destroyed in line with our organisations retention policy unless regulations override this.

** I agree for my personal information to be shared with appropriate organisations for the purpose of providing me support or offering services to me **TICK**

** I agree for Murray Hall & its services to contact me **TICK**

I understand I can withdraw my consent at any time by contacting you in writing.

Name (Print):..... **DOB:**

Signature: **Date:**

Parent/Carer (if under 13 years)

Name: **Signature:**

State if Parent/Guardian/Carer is signing on their behalf:

Murray Hall Community Trust
 Breaking Silence (01902 826 308)
 The Bridge
 St Marks Road, Tipton
 DY4 0SL

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<i>For Office use</i>		
Date referral received		
Date referral reviewed by Project Lead		
Referral accepted	Yes / No	Assessment date booked:
<i>Alternative service referral</i>		
<i>External agency /Service</i>	<i>Date of referral</i>	<i>Project lead signature</i>